

NAUGATUCK BASKETBALL ASSOCIATION 2015-2016

RETURNING PLAYER TEAM \_\_\_\_\_

Registration and Tryouts

To be eligible to participate in the N. B. A., a player must be between the ages of 14 – 18 and in high School as of December 31, 2015.(birth year 1997/1998/1999/2000/2001)

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**REGISTRATION AND TRYOUTS**

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**FRIDAY December 4, 2015**

**Hillside School**

6:00 p.m. to 8:00 p.m.

All players must fill out and sign a registration form with a parent's and player's signatures. The \$75.00 registration fee must be paid. New players must also bring a birth certificate and attend tryouts in order to be placed on a team. (Detach - keep top portion)

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**NAUGATUCK BASKETBALL ASSOCIATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ TEL. NO. \_\_\_\_\_

Is there any medical information or special needs your child has of which the league should be aware (allergies, eyewear, medication, hyperactivity, etc.)

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ANY PLAYER WHO APPEARS AT A GAME, PRACTICE OR ANY LEAGUE EVENT UNDER THE INFLUENCE OF ANY DRUG OR ALCOHOL SHALL BE IMMEDIATELY DISMISSED FROM THE LEAGUE. ANY PLAYER WHO IS ARRESTED FOR THE POSSESSION OF ALCOHOL OR DRUGS SHALL BE SUSPENDED IMMEDIATELY AND SHALL BE FURTHER DISCIPLINED AFTER REVIEW BY THE BOARD OF DIRECTORS. ALL PLAYERS, SPECTATORS AND ATTENDEES CONDUCT IS SUBJECT TO REVIEW AND DISCIPLINE BY THE BOARD OF DIRECTORS OF THE NBA.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Player Signature

In the event that my child should be injured, I hereby grant permission to the Naugatuck Basketball Association and any medical personnel or doctor to provide medical treatment.

\_\_\_\_\_  
Parent Signature

BIRTH CERTIFICATE YES \_\_\_ NO \_\_\_

REGISTRATION FEE YES \_\_\_ NO \_\_\_

RETURNING PLAYER TEAM \_\_\_\_\_